MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/031822

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52					~	
3		2		1			53						
4	①			1			54						
5	①			1			55						
6	①			1			56						
7	①			1			57						
8	①						58						
9	①						59						
10	①			1			60						
11	①						61						
12	①			1			62						
13							63						
14							64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	12		11				TOTAL DEP.						
TOTAL CLAIMS	13		12				TOTAL CLAIMS						